

CONFIDENTIAL

6 August 1974

MEMO FOR THE RECORD

SUBJECT

Telecon from Dr Puthoff of SRI

1. Talked with Dr Puthoff from 1330 to 1350 hrs on this date. He gave me a run-down on some of the developments and data which he is putting into his next report (see below). He promised me that he would be through with the report this week and hoped that, after editing and art-work, etc, it would be on its way to us by the end of next week. Told him that, in addition to the regular channels, he should bring a couple of copies with him when he comes East. We'll be seeing him on 21 August and can discuss the report then if we already have a copy and, if not, can discuss it with him when he returns thru DC from Geneva on 28 or 29 August. Some of the tidbits he passed on are:

a. they've identified all nine subjects but are tending now to view them only in two categories: Super Stars and Controls (with, possibly, a sub-group of the latter being 'learners'--those who seem to progress);

b. they've reduced the screening tests from five to three (learning machine, OOB, telepathic drawings) and have set firm million-to-one criteria for super-star status; the other two tests (EEG strobe and tortion pendulum) are still being used in later stages but were not, he says, sufficiently discriminating for screening;

c. they have 'mountains of data' for us which he is trying to analyze for this next report and he agrees that at least preliminary analysis at this point makes much more sense than waiting (as he'd planned) til near the end of the project;

d. Pat Price has gone thru his entire medical and starts his psychological exams on 8 August; PAMC had just called Hal before he called me to say they'd found highly unusual amounts of fluid in his brain-scan (which SRI has decided to include on PAMC's statement that X-ray exposure is minimal--so much for our guidance);

e. all other subjects are now firmly scheduled for medical & psych exams and all should be completed by late September;

f. they've run some mid-test neurological correlates on Price, with some possibly interesting findings--and are now factor analyzing to see if there are correlates with respect to accurate and inaccurate OOB reporting.

2. All in all, he sounded rather positive, encouraged and encouraging--but we'll know better when we see his report. Though I told him I'd deliberately refrained from calling him because I didn't want to seem harassing, I stressed to him the importance of this report and the need to ensure that it reflected accurately all that has gone on. I told him it makes no difference to us if there are 5 or 3 screening tests, or 2 or 3 groups of subjects, as long as the procedures and data are consistent and meaningful.

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